

State: District of Columbia **Filing Company:** The Guardian Life Insurance Company of America
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: DC 3/5/14 CI Filing
Project Name/Number: /

Filing at a Glance

Company: The Guardian Life Insurance Company of America
Product Name: DC 3/5/14 CI Filing
State: District of Columbia
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Rate
Date Submitted: 03/05/2014
SERFF Tr Num: GARD-129444557
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num:

Implementation On Approval
Date Requested:
Author(s): Linda Rappaport, Rimma Kosubevsky, Amanda DePoortere
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** The Guardian Life Insurance Company of America
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: DC 3/5/14 CI Filing
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Overall Rate Impact:
Filing Status Changed: 03/11/2014
State Status Changed: Deemer Date:
Created By: Amanda DePoortere Submitted By: Amanda DePoortere
Corresponding Filing Tracking Number:

Filing Description:

Enclosed is a Group Critical Illness rate filing, which will become effective upon approval.

Please refer to the Actuarial Memorandum for details.

Company and Contact

Filing Contact Information

Amanda DePoortere, Administrative amanda_depoortere@glic.com
Assistant
3900 Burgess Place 610-807-6237 [Phone]
2N-66 610-807-8079 [FAX]
Bethlehem, PA 18017

Filing Company Information

The Guardian Life Insurance CoCode: 64246 State of Domicile: New York
Company of America Group Code: 429 Company Type: Life
7 Hanover Square Group Name: State ID Number:
New York, NY 10004 FEIN Number: 13-5123390
(212) 598-8704 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	The Guardian Life Insurance Company of America
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Guardian Life Insurance Company of America	-25.000%	-25.000%				26.000%	-30.000%

SERFF Tracking #:

GARD-129444557

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

The Guardian Life Insurance Company of America

TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Critical Illness Attained Age Base Rates (CI-1)		Revised	Previous State Filing Number: Percent Rate Change Request:	CI-1 (February 2014).pdf,
2		Hospital Admission Attained Age Base Rates (CI-1)		Revised	Previous State Filing Number: Percent Rate Change Request: 10	CI-1 (February 2014).pdf,
3		Critical Illness Issue Age Base Rates (CI-1.1)		New		CI-1.1 (February 2014).pdf,
4		Hospital Admission Issue Age Base Rates (CI-1.1)		New		CI-1.1 (February 2014).pdf,
5		Wellness Rates (CI-5)		Revised	Previous State Filing Number: Percent Rate Change Request:	CI-5 (February 2014).pdf,

LINE 1 - CRITICAL ILLNESS BASE RATES

- Calculate the critical illness base rates for each of the employee, spouse and child enrollees. The critical illness base rates are the product of the critical illness benefit per \$1,000 and the critical illness base rate.
- Calculate the hospital admission base rates for each of the employee, spouse and child enrollees. The hospital admission base rates are the product of the hospital admission per diem per \$100 and the hospital admission base rate.
- Calculate the critical illness base claim cost as the sum of the critical illness employee, critical illness spouse and critical illness child(ren) base rates.
- Calculate the hospital admission base claim cost as the sum of the hospital admission employee, hospital admission spouse and hospital admission child(ren) base rates.

a) Monthly base rates - attained age rating

Attained Age	Critical Illness (per \$1,000 of benefit)		Hospital Admission (per \$100 of per diem)	
	Male	Female	Male	Female
17	0.0457	0.04670	1.14190	1.57070
18	0.0457	0.04670	1.14190	1.57070
19	0.0490	0.05670	1.17800	1.67430
20	0.0526	0.06650	1.21420	1.77780
21	0.0589	0.07760	1.25020	1.88120
22	0.0651	0.08890	1.28620	1.98460
23	0.0715	0.09690	1.29650	2.09230
24	0.0780	0.10490	1.30690	2.19990
25	0.0845	0.11290	1.31720	2.30740
26	0.0916	0.12130	1.32750	2.41480
27	0.0986	0.12960	1.33770	2.52220
28	0.1063	0.14100	1.34940	2.53330
29	0.1139	0.15260	1.36090	2.54450
30	0.1226	0.16470	1.37250	2.55570
31	0.1422	0.18240	1.38410	2.56680
32	0.1620	0.20010	1.39150	2.57040
33	0.1832	0.22440	1.43960	2.50650
34	0.2047	0.24860	1.48740	2.44300
35	0.2260	0.27270	1.53470	2.37980
36	0.2481	0.29740	1.58160	2.31700
37	0.2701	0.32190	1.62810	2.25460
38	0.2999	0.35950	1.66190	2.24580
39	0.3298	0.39690	1.69530	2.23700
40	0.3640	0.43560	1.72850	2.22820
41	0.4255	0.48870	1.76130	2.21940
42	0.4871	0.54180	1.79380	2.21070
43	0.5616	0.59970	1.86130	2.21610
44	0.6359	0.65790	1.92820	2.22140
45	0.7103	0.71600	1.99440	2.22660
46	0.7868	0.77560	2.06010	2.23170
47	0.8634	0.83510	2.12520	2.23680
48	0.9667	0.90280	2.20740	2.24070
49	1.0704	0.97050	2.28880	2.24450
50	1.1747	1.03850	2.36950	2.24820
51	1.2927	1.11780	2.44950	2.25180
52	1.4109	1.19730	2.52870	2.25540
53	1.5468	1.27550	2.61460	2.32530
54	1.6825	1.35380	2.69980	2.39470
55	1.8182	1.43200	2.78410	2.46350
56	1.9599	1.51680	2.86710	2.53390
57	2.1018	1.60140	2.94920	2.60390
58	2.2856	1.71940	3.09340	2.70600
59	2.4695	1.83730	3.23620	2.80740
60	2.6530	1.95500	3.37760	2.90830
61	2.8754	2.10360	3.51760	3.00860
62	3.0976	2.25200	3.65610	3.10820
63	3.3403	2.40820	4.19160	3.44900
64	3.5825	2.56400	4.72200	3.78780
65	3.8246	2.71980	5.24730	4.12460
66	4.0662	2.87540	5.76750	4.45950
67+	5.1720	3.64290	7.69170	5.66240
Child	0.0482		1.821	

LINE 1 - CRITICAL ILLNESS BASE RATES

- Calculate the critical illness base rates for each of the employee, spouse and child enrollees. The critical illness base rates are the product of the critical illness benefit per \$1,000 and the critical illness base rate.
- Calculate the hospital admission base rates for each of the employee, spouse and child enrollees. The hospital admission base rates are the product of the hospital admission per diem per \$100 and the hospital admission base rate.
- Calculate the critical illness base claim cost as the sum of the critical illness employee, critical illness spouse and critical illness child(ren) base rates.
- Calculate the hospital admission base claim cost as the sum of the hospital admission employee, hospital admission spouse and hospital admission child(ren) base rates.

a) Monthly base rates - attained age rating

Attained Age	Critical Illness (per \$1,000 of benefit)		Hospital Admission (per \$100 of per diem)	
	Male	Female	Male	Female
17	0.0457	0.04670	1.14190	1.57070
18	0.0457	0.04670	1.14190	1.57070
19	0.0490	0.05670	1.17800	1.67430
20	0.0526	0.06650	1.21420	1.77780
21	0.0589	0.07760	1.25020	1.88120
22	0.0651	0.08890	1.28620	1.98460
23	0.0715	0.09690	1.29650	2.09230
24	0.0780	0.10490	1.30690	2.19990
25	0.0845	0.11290	1.31720	2.30740
26	0.0916	0.12130	1.32750	2.41480
27	0.0986	0.12960	1.33770	2.52220
28	0.1063	0.14100	1.34940	2.53330
29	0.1139	0.15260	1.36090	2.54450
30	0.1226	0.16470	1.37250	2.55570
31	0.1422	0.18240	1.38410	2.56680
32	0.1620	0.20010	1.39150	2.57040
33	0.1832	0.22440	1.43960	2.50650
34	0.2047	0.24860	1.48740	2.44300
35	0.2260	0.27270	1.53470	2.37980
36	0.2481	0.29740	1.58160	2.31700
37	0.2701	0.32190	1.62810	2.25460
38	0.2999	0.35950	1.66190	2.24580
39	0.3298	0.39690	1.69530	2.23700
40	0.3640	0.43560	1.72850	2.22820
41	0.4255	0.48870	1.76130	2.21940
42	0.4871	0.54180	1.79380	2.21070
43	0.5616	0.59970	1.86130	2.21610
44	0.6359	0.65790	1.92820	2.22140
45	0.7103	0.71600	1.99440	2.22660
46	0.7868	0.77560	2.06010	2.23170
47	0.8634	0.83510	2.12520	2.23680
48	0.9667	0.90280	2.20740	2.24070
49	1.0704	0.97050	2.28880	2.24450
50	1.1747	1.03850	2.36950	2.24820
51	1.2927	1.11780	2.44950	2.25180
52	1.4109	1.19730	2.52870	2.25540
53	1.5468	1.27550	2.61460	2.32530
54	1.6825	1.35380	2.69980	2.39470
55	1.8182	1.43200	2.78410	2.46350
56	1.9599	1.51680	2.86710	2.53390
57	2.1018	1.60140	2.94920	2.60390
58	2.2856	1.71940	3.09340	2.70600
59	2.4695	1.83730	3.23620	2.80740
60	2.6530	1.95500	3.37760	2.90830
61	2.8754	2.10360	3.51760	3.00860
62	3.0976	2.25200	3.65610	3.10820
63	3.3403	2.40820	4.19160	3.44900
64	3.5825	2.56400	4.72200	3.78780
65	3.8246	2.71980	5.24730	4.12460
66	4.0662	2.87540	5.76750	4.45950
67+	5.1720	3.64290	7.69170	5.66240
Child	0.0482		1.821	

THE GUARDIAN Life Insurance Company of America

LINE 1 - CRITICAL ILLNESS BASE RATES (Continued)

a) Monthly base rates - issue age rating

Issue Age	Critical Illness (per \$1,000 of benefit)		Hospital Admission (per \$100 of per diem)	
	Male	Female	Male	Female
17	0.0629	0.06290	1.82100	1.82100
18	0.0635	0.07810	1.22130	1.84760
19	0.0694	0.08840	1.25010	1.94270
20	0.0759	0.09910	1.27670	2.03520
21	0.0837	0.11000	1.30030	2.12450
22	0.0919	0.12080	1.31970	2.20980
23	0.1006	0.13120	1.33240	2.29010
24	0.1100	0.14220	1.34580	2.36210
25	0.1203	0.15420	1.36010	2.42350
26	0.1320	0.16760	1.37570	2.47060
27	0.1451	0.18250	1.39290	2.52220
28	0.1599	0.19960	1.41230	2.53330
29	0.1771	0.21850	1.43410	2.54450
30	0.1974	0.23980	1.45910	2.55570
31	0.2219	0.26410	1.48830	2.56680
32	0.2481	0.29050	1.52330	2.57040
33	0.2764	0.32030	1.56960	2.50650
34	0.3068	0.35150	1.61530	2.44300
35	0.3400	0.38510	1.66050	2.37980
36	0.3770	0.42160	1.70510	2.31700
37	0.4187	0.46190	1.74870	2.25460
38	0.4670	0.50810	1.79070	2.24580
39	0.5213	0.55680	1.83530	2.23700
40	0.5841	0.60950	1.88350	2.22820
41	0.6576	0.66740	1.93650	2.22860
42	0.7352	0.72710	1.99640	2.23350
43	0.8190	0.78910	2.06750	2.24360
44	0.9057	0.85250	2.13980	2.25510
45	0.9966	0.91760	2.21410	2.26860
46	1.0932	0.98510	2.29110	2.28450
47	1.1968	1.05520	2.37230	2.30380
48	1.3112	1.12920	2.46010	2.32750
49	1.4295	1.20550	2.55000	2.35730
50	1.5533	1.28490	2.64290	2.39520
51	1.6848	1.36850	2.74010	2.44410
52	1.8217	1.45390	2.84350	2.50840
53	1.9662	1.54120	2.95560	2.59640
54	2.1144	1.63160	3.07690	2.69030
55	2.2676	1.72620	3.21050	2.79230
56	2.4281	1.82690	3.36120	2.90540
57	2.5964	1.93330	3.53640	3.03290
58	2.7777	2.04960	3.74810	3.18160
59	2.9599	2.16590	3.98400	3.34570
60	3.1437	2.28270	4.25340	3.53080
61	3.3319	2.40200	4.57000	3.74470
62	3.5109	2.51280	4.95750	4.00100
63	3.6779	2.61240	5.46520	4.32720
64	3.8203	2.69410	5.96880	4.65080
65	3.9289	2.75200	6.46860	4.97180
66	3.9913	2.77770	6.96530	5.29000
67+	3.8427	2.69780	7.45990	5.60560

THE GUARDIAN Life Insurance Company of America

LINE 1 - CRITICAL ILLNESS BASE RATES (Continued)

a) Monthly base rates - issue age rating

Issue Age	Critical Illness (per \$1,000 of benefit)		Hospital Admission (per \$100 of per diem)	
	Male	Female	Male	Female
17	0.0629	0.06290	1.82100	1.82100
18	0.0635	0.07810	1.22130	1.84760
19	0.0694	0.08840	1.25010	1.94270
20	0.0759	0.09910	1.27670	2.03520
21	0.0837	0.11000	1.30030	2.12450
22	0.0919	0.12080	1.31970	2.20980
23	0.1006	0.13120	1.33240	2.29010
24	0.1100	0.14220	1.34580	2.36210
25	0.1203	0.15420	1.36010	2.42350
26	0.1320	0.16760	1.37570	2.47060
27	0.1451	0.18250	1.39290	2.52220
28	0.1599	0.19960	1.41230	2.53330
29	0.1771	0.21850	1.43410	2.54450
30	0.1974	0.23980	1.45910	2.55570
31	0.2219	0.26410	1.48830	2.56680
32	0.2481	0.29050	1.52330	2.57040
33	0.2764	0.32030	1.56960	2.50650
34	0.3068	0.35150	1.61530	2.44300
35	0.3400	0.38510	1.66050	2.37980
36	0.3770	0.42160	1.70510	2.31700
37	0.4187	0.46190	1.74870	2.25460
38	0.4670	0.50810	1.79070	2.24580
39	0.5213	0.55680	1.83530	2.23700
40	0.5841	0.60950	1.88350	2.22820
41	0.6576	0.66740	1.93650	2.22860
42	0.7352	0.72710	1.99640	2.23350
43	0.8190	0.78910	2.06750	2.24360
44	0.9057	0.85250	2.13980	2.25510
45	0.9966	0.91760	2.21410	2.26860
46	1.0932	0.98510	2.29110	2.28450
47	1.1968	1.05520	2.37230	2.30380
48	1.3112	1.12920	2.46010	2.32750
49	1.4295	1.20550	2.55000	2.35730
50	1.5533	1.28490	2.64290	2.39520
51	1.6848	1.36850	2.74010	2.44410
52	1.8217	1.45390	2.84350	2.50840
53	1.9662	1.54120	2.95560	2.59640
54	2.1144	1.63160	3.07690	2.69030
55	2.2676	1.72620	3.21050	2.79230
56	2.4281	1.82690	3.36120	2.90540
57	2.5964	1.93330	3.53640	3.03290
58	2.7777	2.04960	3.74810	3.18160
59	2.9599	2.16590	3.98400	3.34570
60	3.1437	2.28270	4.25340	3.53080
61	3.3319	2.40200	4.57000	3.74470
62	3.5109	2.51280	4.95750	4.00100
63	3.6779	2.61240	5.46520	4.32720
64	3.8203	2.69410	5.96880	4.65080
65	3.9289	2.75200	6.46860	4.97180
66	3.9913	2.77770	6.96530	5.29000
67+	3.8427	2.69780	7.45990	5.60560

THE GUARDIAN Life Insurance Company of America

If the coverage includes a wellness benefit, calculate the monthly wellness claim cost by multiplying the annual wellness benefit by 14.4% and dividing by 12.

Line 4 - Target Loss Ratios

Calculate the total monthly claim cost as the sum of critical illness, hospital admission and wellness benefit claim costs.

Calculate the total annual claim cost as the product of the total monthly claim cost and 12.

Using the total annual claim cost, determine the target loss ratio using the table below

Calculate the composite monthly premium as the total monthly claim cost divided by the target loss ratio

r) Target Loss Ratios

Annual Claim Costs		Target Loss Ratio	
From	To	NonVoluntary	Voluntary
\$0	\$1,281	0.512	0.509
\$1,281	\$2,671	0.534	0.531
\$2,671	\$4,188	0.558	0.555
\$4,188	\$5,604	0.560	0.557
\$5,604	\$8,466	0.564	0.561
\$8,466	\$11,484	0.574	0.567
\$11,484	\$14,733	0.589	0.574
\$14,733	\$18,230	0.608	0.580
\$18,230	\$32,009	0.640	0.587
\$32,009	\$51,021	0.680	0.597
\$51,021	\$70,540	0.705	0.601
\$70,540	\$185,744	0.743	0.612
\$185,744	\$382,711	0.765	0.621
\$382,711	\$775,778	0.776	0.625
\$775,778	\$1,171,451	0.781	0.627
\$1,171,451	\$1,958,958	0.784	0.629
\$1,958,958	\$999,999,999	0.786	0.630

Line 5 - OTHER RATING ADJUSTMENTS

Experience Rating

Prior experience will be evaluated when determining the rate for groups with 500 or more life years of prior experience. Depending on the group's size and amount of past claims history available, the group's experience will be blended with the manual rate to develop the quoted rate.

Underwriting Rating

The manual or blended manual and experience rates may be adjusted to reflect characteristics unique to a particular group. Quoted rates will be consistent with the rate basis approved.

Age Banded Rating

Age banded rating is used for contributory and voluntary coverage. Age bands rates are developed using the base rate factors (CI-1 and CI-1.1). The age band rates are then prorated by the ratio of the quoted rate and the sum of the product of the initial age band rates and the quoted volumes within each band.

State:	District of Columbia	Filing Company:	The Guardian Life Insurance Company of America
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	DC 3/5/14 CI Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	CoverMemo.DC.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	CoverMemo.DC.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A Rate Filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	The Guardian Life Insurance Company of America
TOI/Sub-TOI:	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
Product Name:	DC 3/5/14 CI Filing		
Project Name/Number:	/		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Actuarial Memorandum attached above
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	



March 3, 2014

Department of Insurance, Securities and Banking
810 First Street, NE
Suite 701
Washington, DC 20002

Re: Group Critical Illness Rate Filing

Carrier: The Guardian Life Insurance Company of America
NAIC Company Code: 64246
Form Numbers: Group Critical Illness Rate Manual, GP-1-CIP-IC-07, et al.

Dear Sir or Madam:

Attached please find The Guardian Life Insurance Company of America's Group Critical Illness rate filing, which will become effective upon approval by this Department. This is the first rate filing since the initial approval on 4/30/2008 under GARD-125553173.

Should you have any questions or require additional information, please contact me at (610) 807-7902 or Kathleen_Earle@glic.com.

Kathleen V. Earle

Kathleen Earle, FSA, MAAA
Actuarial Fellow
Group Worksite Product Development



March 3, 2014

Department of Insurance, Securities and Banking
810 First Street, NE
Suite 701
Washington, DC 20002

Re: Group Critical Illness Rate Filing

Carrier: The Guardian Life Insurance Company of America
NAIC Company Code: 64246
Form Numbers: Group Critical Illness Rate Manual, GP-1-CIP-IC-07, et al.

Dear Sir or Madam:

Attached please find The Guardian Life Insurance Company of America's Group Critical Illness rate filing, which will become effective upon approval by this Department. This is the first rate filing since the initial approval on 4/30/2008 under GARD-125553173.

Should you have any questions or require additional information, please contact me at (610) 807-7902 or Kathleen_Earle@glic.com.

Kathleen V. Earle

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